Case 05-77440 Doc 1 Filed 10/15/05 Entered 10/15/05 14:44:39 Desc Main Page 1 of 5 Document (Official Form 1) (12/03)

FORM B1 **United States Bankruptcy Court Voluntary Petition** Northern District of Illinois Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): Knappenburger, Brian A All Other Names used by the Debtor in the last 6 years All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): (include married, maiden, and trade names): Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): (if more than one, state all): xxx-xx-8288 Street Address of Debtor (No. & Street, City, State & Zip Code): Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 6465 Junction Rd. Davis Junction, IL 61020 County of Residence or of the County of Residence or of the Ogle Principal Place of Business: Principal Place of Business: Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address): Location of Principal Assets of Business Debtor (if different from street address above): Information Regarding the Debtor (Check the Applicable Boxes) **Venue** (Check any applicable box) ■ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. **Type of Debtor** (Check all boxes that apply) Chapter or Section of Bankruptcy Code Under Which Individual(s) Railroad the Petition is Filed (Check one box) ☐ Stockbroker ☐ Corporation ☐ Chapter 7 ☐ Chapter 11 Chapter 13 ☐ Commodity Broker ☐ Chapter 12 ☐ Partnership ☐ Chapter 9 ☐ Clearing Bank ☐ Sec. 304 - Case ancillary to foreign proceeding ☐ Other Nature of Debts (Check one box) Filing Fee (Check one box) Consumer/Non-Business ☐ Business Full Filing Fee attached ☐ Filing Fee to be paid in installments (Applicable to individuals only.) Chapter 11 Small Business (Check all boxes that apply) Must attach signed application for the court's consideration ☐ Debtor is a small business as defined in 11 U.S.C. § 101 certifying that the debtor is unable to pay fee except in installments. ☐ Debtor is and elects to be considered a small business under Rule 1006(b). See Official Form No. 3. 11 U.S.C. § 1121(e) (Optional) Statistical/Administrative Information (Estimates only) THIS SPACE IS FOR COURT USE ONLY Debtor estimates that funds will be available for distribution to unsecured creditors. ■ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors 1-15 16-49 100-199 200-999 50-99 1000-over П Estimated Assets \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 to \$50,000,001 to \$0 to More than \$50,000 \$100,000 \$1 million \$10 million \$50 million \$100 million \$100 million \$500,000 П П П П П П Estimated Debts \$500,001 to \$1,000,001 to \$10,000,001 to \$50,000,001 to \$0 to \$50.001 to \$100.001 to More than \$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million \$100 million \$100 million 

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Voluntary Petition Document	N: Age 26 of (5:	FORM B1, Page 2						
(This page must be completed and filed in every case)	Knappenburger, Brian A							
Prior Bankruptcy Case Filed Within Last 6								
Location	Case Number:	Date Filed:						
Where Filed: - None -								
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)								
Name of Debtor: - None -	Case Number:	Date Filed:						
District:	Relationship:	Judge:						
a.								
	atures							
Signature(s) of Debtor(s) (Individual/Joint)		hibit A						
I declare under penalty of perjury that the information provided in this petition is true and correct.	10K and 10O) with the Securities ar	ed to file periodic reports (e.g., forms						
[If petitioner is an individual whose debts are primarily consumer debts	10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is							
and has chosen to file under chapter 7] I am aware that I may proceed	requesting relief under chapter 11)							
under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under	☐ Exhibit A is attached and mad	e a part of this petition.						
chapter 7.		hibit B						
I request relief in accordance with the chapter of title 11, United States		debtor is an individual marily consumer debts)						
Code, specified in this petition.	I, the attorney for the petitioner nam	ed in the foregoing petition, declare						
X /s/ Brian A Knappenburger	that I have informed the petitioner th							
Signature of Debtor Brian A Knappenburger	chapter 7, 11, 12, or 13 of title 11, U explained the relief available under							
	X _/s/ David H. Carter	-						
X	Signature of Attorney for Debto	October 15, 2005 r(s) Date						
Signature of Joint Debtor	David H. Carter 6204782	240						
Telephone Number (If not represented by attorney)		hibit C						
	Does the debtor own or have posses a threat of imminent and identifiable							
October 15, 2005	safety?	narm to public health or						
Date	Yes, and Exhibit C is attached	and made a part of this petition.						
Signature of Attorney  V /s/ David H. Carter	■ No							
X /s/ David H. Carter Signature of Attorney for Debtor(s)	Signature of Non-At	torney Petition Preparer						
David H. Carter 6204782	I certify that I am a bankruptcy petit							
Printed Name of Attorney for Debtor(s)	§ 110, that I prepared this document provided the debtor with a copy of t							
Rockford Bankruptcy Clinic	provided the debtor with a copy of t	ins document.						
Firm Name	Printed Name of Bankruptcy Pe	tition Preparer						
One Court Place Suite 401	Timed Ivame of Bankruptey Te	tition i reparei						
Rockford, IL 61101	Social Security Number (Require	and by 11 IJ C C & 110(a) )						
Address	Social Security Number (Require	cd by 11 0.5.c.ş 110(c).)						
815/966-6673 Fax: 815/966-6674								
Telephone Number	Address							
October 15, 2005	Address							
Date		bers of all other individuals who						
Signature of Debtor (Corporation/Partnership)	prepared or assisted in preparing	g this document:						
I declare under penalty of perjury that the information provided in this								
petition is true and correct, and that I have been authorized to file this								
petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11,	If more than one person prepare	d this document, attach additional						
United States Code, specified in this petition.		oriate official form for each person.						
	X	-						
X	XSignature of Bankruptcy Petitio	n Preparer						
Signature of Fundionized Individual	e e e e e e e e e e e e e e e e e e e	•						
Printed Name of Authorized Individual	Date							
Timed Ivalie of Fadilofized Individual		69 / 1 23 3						
Title of Authorized Individual	A bankruptcy petition preparer's provisions of title 11 and the Fe	s ranure to comply with the deral Rules of Bankruptey						
	Procedure may result in fines or							
Date	U.S.C. § 110; 18 U.S.C. § 156.							
I								

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Form B6D (12/03)

In re	Brian A Knappenburger	Case No	
_		Debtor	

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in more than one of these three

columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME,		Hu	Husband, Wife, Joint, or Community		U E		AMOUNT OF	
AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W H	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	L S Q U U T	S	CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No.			mortgage		D C A T E D			
Principle Residential Mortgage Box 711 Des Moines, IA 50303		J	6465 Junction Rd. Davis Junction, IL					
	+		Value \$ 140,000.00	Н	+	+	126,000.00	0.00
Wells Fargo Box 13460 Philadelphia, PA 19101		-	auto Ioan 2003 Jeep Liberty					
			Value \$ 12,000.00	11			22,000.00	10,000.00
Account No.			Value \$					
Account No.				П	T			
			Value \$					
continuation sheets attached	Subtotal (Total of this page) 148,000.00						148,000.00	
	Total (Report on Summary of Schedules)							

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Form B6F (12/03)

In re	Brian A Knappenburger		Case No.	
_		Debtor	,	

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding un	nse	cui	red claims to report on this Schedule F.				
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W		COZH-ZGWZ	ON L Q O L D A F H D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Judgement	T	A T E		
Lawerance Dorini 316 N. Crooked Lake Lane Lindenhurst, IL 60046		-			D		100,000.00
Account No.							
Account No.							
Account No.							
O continuation sheets attached Subtotal (Total of this page)						100,000.00	
Total (Report on Summary of Schedules)						100,000.00	

Lawerance Dorini 316 N. Crooked Lake Lane Lindenhurst, IL 60046

Principle Residential Mortgage Box 711 Des Moines, IA 50303

Wells Fargo Box 13460 Philadelphia, PA 19101